VOLUNTEER APPLICATION FORM

NAME:		and the second		Mr. Ms.	Mrs. Dr.	
LAST		FIRST	M.I.	(circle o	one)	
ADDRESS:						
STREI	ET		CITY	STATE	ZIP	
PHONE#: (Day)		(Eve	.)(.	BEST TI	BEST TIME:	
DATE OF BIRTH:		<u>_</u>				
EMPLOYER/SCHOOL	L NAME:					
ADDRESS:						
PHONE #:						
The following informa skills. Please circle the					our interests a	
Cooking Classes		Drill T	eam			
Girl Scouts (Brownies/Juniors)		Sewing Classes				
Tutoring	Residence described	Teachi	ng Piano Lessons			
After-School Programs		Supervising Children (Mon. 7-9 p.m.)				
Coaching (under 13 ye			Instructors			
Referee Games		Wood Working				
Double Dutch			Gymnastics			
WHEN ARE YOU AV	AILABLE? (0	Circle all that apply	y and indicate A.M.	or P.M.)		
Monday Tuesday	Wednesday	Thursday F	riday Saturday	Sunday		
HOW MANY HOURS	PER MONTH	CANYOU CONT	TRIBUTE? 1-5 5-	10 10-15 15-20	(
PLEASE LIST ANY C LICENSES, SPORTS						
ARE YOU FLUENT II						
WHICH ONE (S)?			2. 2.			
CAN YOU TRANSLA	TE WRITTEN	MATERIALS?				

LIST (2) NON-FAMILY RI			
NAME:			
ADDRESS:			
PHONE #:		=	
NAME:			
ADDRESS:			
PHONE #:		_	
IN THE EVENT OF AN EM	MERGENCY, PLEASE CONTAC	CT:	
NAME	RELATIONSHIP	PHONE (Day)	(Eve.)
PLEASE READ BEFORE S	SIGNING:		
I understand that:			
	provided may be verified, and I gake inquiry of other to determine		
	g for the Waterbury Department of I agree to keep such information		
	ne Waterbury Department of Park t any time without cause by either		
affirm that I have read the	above and that the information I h	nave given is true and comp	lete.
SIGNATUE		DATE	